

LOUISIANA INSURANCE RATING COMMISSION

JAMES H. "JIM" BROWN COMMISSIONER OF INSURANCE STATE OF LOUISIANA

P.O. Box 94157 BATON ROUGE, LOUISIANA 70804-9157 (504) 342-5202

CHAIRMAN:

JAMES H. "JIM" BROWN Commissioner of Insurance

MEMBERS:

CHARLES KIRSCH, JR. CARL J. BARBIER THOMAS BESSELMAN BYRON BRIGGS JAMES LLOYD DOUG FOREMAN

Bulletin LIRC 94-06

DATE:

August 24, 1994

TO:

ALL PROPERTY AND CASUALTY INSURANCE COMPANIES WITH TAXICAB RATE AND RULE FILINGS IN LOUISIANA

RE:

TAXICAB EXPERIENCE CALL

The purpose of this bulletin is to set forth a directive of the Louisiana Insurance Rating Commission (LIRC). Under the authority of R.S. 22:1402.2 and R.S. 22:1407.A.(3). the LIRC requests that all companies with approved taxicab rating programs in Louisiana provide experience generated in the format prescribed herein.

Louisiana taxicab experience should be submitted for each policy or claim transaction. Transaction data is to be reported quarterly (i.e., all transactions <u>recorded</u> over a specified 3 month interval). Quarterly reports ending December 31, March 31, June 30, and September 30 are due no later than January 31, April 30, July 31, and October 31 respectively.

Data should be provided in Lotus 123 (Version 4.0 or less) spreadsheet format on high density (HD) 3.5" diskettes formatted at 1.44 Mb (or a prior approved variation complying with the format requirements as described herein). Two diskettes should be submitted, one labeled "Claim File" containing claim transaction data and a second labeled "Policy File" containing policy transaction data.

The following taxicab information must be included:

Policy File

- 1. Policy Number (max.- 20 characters)
- 2. CPNC Number (max 15 characters)
- 3. Insured's Name, D/B/A or Cab Company (max.- 20 characters)

- 4. Drivers License Number (max.- 15 characters)
- 5. Driver Name (max.- 30 characters)
- 6. Driver Points (accident and violation points assigned; nnn 3 characters)
- 7. Policy Deductible (nnnnn 6 characters)
- 8. Vehicle Year (yyyy)
- 9. Vehicle Model (max.- 20 characters)
- 10. Vehicle Make (max.- 20 characters)
- 11. VIN Number (max.- 25 characters)
- 12. Rating Territory Code (max 4 characters)
- 13. Policy Effective Date (mm/dd/yy)
- 14. Policy Expiration Date (mm/dd/yy)
- 15. Transaction Code (new, renewal, endorsement, etc.; max.- 4 characters)
- 16. Transaction Date (mm/dd/yy)
- 17. Coverage Code (BI, PD, Med, UM, Comp, Coll; max.- 4 characters)
- 18. Premium (nnnnnn.nn 10 characters)
- 19. Remarks (max.- 40 characters)

Claim File

- 1. Policy Number (max.- 20 characters)
- 2. CPNC Number (max.- 15 characters)
- 3. Insured's Name, D/B/A or Cab Company (max.- 15 characters)
- 4. Driver's License Number (max.- 15 characters)
- 5. Claim Number (max.- 30 characters)
- 6. Claimant Number (identifier for multiple claimants; max. 15 characters)
- 7. VIN Number (of other vehicle) (max.- 25 characters)
- 8. Accident Location (zip code nnnnn-nnnn)
- 9. Accident Date (mm/dd/yy)
- 10. Report Date (mm/dd/yy)
- 11. Close Date (mm/dd/yy)
- 12. Reopen Date (mm/dd/yy)
- 13. Status Code (open, closed) (max.- 2 characters)
- 14. Transaction Code (setup, adjustment, reopen, etc.; max.- 4 characters)
- 15. Transaction Date (mm/dd/yy)
- 16. Coverage Code (BI, PD, Med, UM, Coll, Comp) (max.- 4 characters)
- 17. Reserve Amount (nnnnnnn.nn 10 characters)
- 18. Payment Amount(nnnnnn.nn 10 characters)
- 19. Remarks (description of accident/fault; max.- 40 characters)

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A key to the following data fields should be documented and forwarded with the diskettes:

Policy File

- 1. Rating Territory Code
- 2. Transaction Code
- 3. Coverage Code

Claim File

- 1. Status Code
- 2. Transaction Code
- 3. Coverage Code

The reserve amount and payment amount in the claim file refer to gross amounts (i.e., first dollar coverage). If deductibles are applied, record the deductible recovery transaction as subrogation when the deductible monies are received. If the company is unable to provide claim information from first, provide the responsible party with a copy of this bulletin and report this party's name, address, and telephone number to the LIRC.

In the data fields where data is unavailable, enter "NA" for character fields, "00" for numerical fields, and 2/2/22 for date fields.

The initial experience reporting should include January 1, 1994 to September 30, 1994, due to the LIRC on October 31, 1994. Reporting thereafter should be quarterly as prescribed above.

For your convenience, Lotus 123 templates for the policy and claim files are provided on the attached diskette labeled "LIRC Taxicab Experience Call, Policy File and Claim File Lotus 123 Templates" and dated August 24, 1994. Keep these templates for reference.

Mail information and loaded diskettes to:

Property and Casualty Actuarial Department Louisiana Insurance Rating Commission P.O. Box 94157 Baton Rouge, Louisiana 70804-9157

If there are any questions, contact Malissa Bethly at (504) 342-4699.

Chris Faser, III

Deputy Commissioner/LIRC

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Policy File

I oney The			
Item	Length	Lotus Attributes	
Policy Number	20 characters	Text	
CPNC Number	15 characters	Text	
Insured's Name, D/B/A or Cab company	20 characters	Text	
Drivers License Number	15 characters	Text	
Driver Name	30 characters	Text	
Driver Points	3 characters	Text	
Policy Deductible	6 characters (nnnnnn)	Text .	
Vehicle Year	4 characters (yyyy)	Text	
Vehicle Model	20 characters	Text	
Vehicle Make	20 characters	Text	
VIN Number	25 characters	Text	
Rating Territory Code	4 characters	Text	
Policy Effective Date	9 characters - (date)	mm/dd/vv	
Policy Expiration Date	9 characters - (date)	mm/dd/vy	
Transaction Code	4 characters	Text	
Transaction Date	9 characters - (date)	mm/dd/vy	
Coverage Code	4 characters	Text	
Monthly Premium	10 characters (nnnnnnn.nn)	Currency	
Remarks	40 characters	Text	

Claim File

Item	Length	Lotus Attributes
Policy Number	20 characters	Text
CPNC Number	15 characters	Text
Insured's Name, D/B/A or Cab Company	20 characters	Text
Drivers License Number	15 characters	Text
Claim Number	30 characters	Text
Claimant Number	15 characters	Text
VIN Number	25 characters	Text
Accident Location	9 characters	Text
Accident Date	9 characters - (date)	mm/dd/vv
Report Date	9 characters - (date)	mm/dd/vy
Close Date	9 characters - (date)	mm/dd/yy
Reopen Date	9 characters - (date)	mm/dd/vy
Status	2 characters	Text
Transaction Code	4 characters	Text
Transaction Date	9 characters - (date)	mm/dd/vv
Coverage Code	4 characters	Text
Reserve Amount	10 characters (nnnnnn.nn)	Currency
Payment Amount		
Remarks	40 characters	
	10 characters (nnnnnn.nn)	Currency